

**CHULA VISTA POLICE DEPARTMENT
Holistic Health Establishment
RENEWAL APPLICATION**

Name of Business: _____

NAME: _____
 Last First M

ADDRESS: _____

HOME #: _____ WORK #: _____

EMAIL ADDRESS _____

CRIMINAL CONVICTIONS IN THE PAST 12 MONTHS: YES _____ NO _____
(If yes, please list on back side of this application)

EXPIRATION DATE OF PERMIT: _____ DATE OF BIRTH: _____

SOCIAL SECURITY #: _____ CDL #: _____

WEIGHT: _____ HEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____ AGE: _____

- \$25.00 renewal fee payable to the City of Chula Vista.
- Copy of City of Chula Vista Business License

If permit is EXPIRED MORE THAN TWO WEEKS, a Police Controlled License application must be submitted with proper fees.

YOU MAY NOT OPERATE IN THE CITY OF CHULA VISTA WITHOUT A VALID POLICE CONTROLLED PERMIT.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

SIGNATURE: DATE

FALSIFICATION OF ANY INFORMATION ON THIS FORM IS GROUNDS FOR DISQUALIFICATION.

ALL FEES ARE NON REFUNDABLE.

The Police Controlled permit is valid for one year from the date it is issued.

Please contact (619) 691-5244 to make an appointment to turn in application or if you require additional information.